

SERFF Tracking Number:	ASPX-125771812	State:	Arkansas
Filing Company:	American Reliable Insurance Company	State Tracking Number:	EFT \$100
Company Tracking Number:	ML AR02838ARR01		
TOI:	33.0 Other Lines of Business	Sub-TOI:	33.0002 Other Commercial Lines
Product Name:	First Protector		
Project Name/Number:	First Protector/ML AR02838ARR01		

## Filing at a Glance

Company: American Reliable Insurance Company

Product Name: First Protector

TOI: 33.0 Other Lines of Business

Sub-TOI: 33.0002 Other Commercial Lines

Filing Type: Rate/Rule

Effective Date Requested (New): 09/01/2008

Effective Date Requested (Renewal): 10/01/2008

State Filing Description:

SERFF Tr Num: ASPX-125771812

SERFF Status: Closed

Co Tr Num: ML AR02838ARR01

Co Status:

Author: SPI AssurantPC

Date Submitted: 08/12/2008

State: Arkansas

State Tr Num: EFT \$100

State Status: Fees verified and received

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins

Disposition Date: 08/13/2008

Disposition Status: Exempt from Review

Effective Date (New): 09/01/2008

Effective Date (Renewal):  
10/01/2008

## General Information

Project Name: First Protector

Project Number: ML AR02838ARR01

Reference Organization: N/A

Reference Title:

Filing Status Changed: 08/13/2008

State Status Changed: 08/13/2008

Corresponding Filing Tracking Number:

Filing Description:

Company Name: American Reliable Insurance Company

NAIC#: 0019-19615

FEIN#: 41-0735002

Company Filing#: ML AR02838ARR01

Line of Business: 31.3 Commercial Miscellaneous

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number: N/A

Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number: ASPX-125771812 State: Arkansas  
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Product Name: First Protector  
Project Name/Number: First Protector/ML AR02838ARR01

Program Name: First Protector

Rate/Rule Filing (For Approval)

Manual Page AR-FP-AR (03/08) replaces AR-FP-AR (05/05)

Related Forms:

Actuarial MemorandumExhibitsTransmittal Forms

Dear Commissioner Julie Benafield Bowman:

Our First Protector program is approved in your state. At this time, American Reliable Insurance Company is submitting rates for new coverage forms submitted under separate cover on our company filing number ML AR02838ARF01.

We are requesting an effective date of on or after October 1, 2008.

The new rates have been added to the Manual page, AR-FP-AR (03/08) along with other edition date revisions that were due to form changes also submitted under separate cover.

## Company and Contact

### Filing Contact Information

Monica Donaldson, State Filings Analyst  
260 Interstate N. Circle NW  
Atlanta, GA 33039

(770) 763-1265 [Phone]  
(770) 859-4296[FAX]

### Filing Company Information

American Reliable Insurance Company  
11222 Quail Roost Dr  
Miami, FL 33157  
(305) 253-2244 ext. [Phone]

CoCode: 19615 State of Domicile: Arizona  
Group Code: 19 Company Type:  
Group Name: Assurant, Inc. Group State ID Number:  
FEIN Number: 41-0735002  
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	Rate/Rule Filing Fee.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Reliable Insurance Company	\$100.00	08/12/2008	21898804

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Exempt from Review	Llyweyia Rawlins	08/13/2008	08/13/2008

<i>SERFF Tracking Number:</i>	<i>ASPX-125771812</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>First Protector</i>		
<i>Project Name/Number:</i>	<i>First Protector/ML AR02838ARR01</i>		

## Disposition

Disposition Date: 08/13/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal): 10/01/2008

Status: Exempt from Review

Comment:

This line is exempt from filing rates in compliance with ACA 23-67-206 which states that P&C insurance for commercial risks, excluding workers' compensation, employers' liability and professional liability insurance, including but not limited to, medical malpractice insurance, are exempted from the rate filing and review requirements.

<b>Company Name:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Premium:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>	<b>Overall % Indicated Change:</b>
American Reliable Insurance Company	0.000%	\$0	0	\$444	0.000%	0.000%	0.000%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Accepted for Informational Purposes	Yes
Supporting Document	NAIC loss cost data entry document	Accepted for Informational Purposes	Yes
Supporting Document	Actuarial Memorandum	Accepted for Informational Purposes	No
Supporting Document	Actuarial Exhibit	Accepted for Informational Purposes	No
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes
Rate	State Manual Page	Accepted for Informational Purposes	Yes
Rate	Rule for First Protector Arkansas	Accepted for Informational Purposes	Yes

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## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	Prior Approval
<b>Rate Change Type:</b>	Neutral
<b>Overall Percentage of Last Rate Revision:</b>	0.000%
<b>Effective Date of Last Rate Revision:</b>	07/01/2005
<b>Filing Method of Last Filing:</b>	Prior Approval

## Company Rate Information

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Premium:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>
American Reliable Insurance Company	0.000%	0.000%	\$0	0	\$444	0.000%	0.000%

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Accepted for Informational Purposes	State Manual Page	AR-FP-AR-	Replacement	AR-FP-AR-.PDF
Accepted for Informational Purposes	Rule for First Protector Arkansas	AR-FP-AR-	Replacement	AR-FP-AR-.PDF



# AMERICAN RELIABLE INSURANCE COMPANY

11222 Quail Roost Drive, Miami, FL 33157-6596 (305) 253-2244

## FIRST PROTECTOR PROGRAM

### Manual Page

### ARKANSAS

#### A. FORMS

1. Policy.....AR9066PKK-0399
2. Manual Declarations .....AR9266DKK-0308
3. Computer Declarations .....AR9282DKK-0500

#### B. ENDORSEMENTS

1. Mandatory Endorsement.....AR9111EKK-0308
2. General Change Endorsement.....AR9101EKK-0699
3. Consumer Notice..... N1876-1104
4. Monthly Premium Payment Endorsement.....AR9080EKK-0505
3. Deductible Reimbursement Endorsement .....AR9817EKK-0308
4. Emergency Cash Coverage Endorsement.....AR9818EKK-0308
5. Extension of Repair Endorsement.....AR9819EKK-0308
6. Exclusion of Loss Due to Virus or Bacteria .....AR9820EKK-0308

#### C. RATE

\$1.25 per \$100 of the monthly payment.

<u>Emergency Cash Coverage:</u>	<u>Limit</u>	<u>Rate</u>
	\$500	\$0.25 per month
	\$1000	\$0.50 per month

<u>Deductible Reimbursement:</u>	<u>Limit</u>	<u>Rate</u>
	\$1000	\$0.25 per \$100 of monthly mortgage amount

<u>Extension of Repair:</u>	<u>Rate</u>
	\$0.10 per \$100 of monthly mortgage amount

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	\$500	\$0.25 per month
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<u>Deductible Reimbursement:</u>	<u>Limit</u>	<u>Rate</u>
	\$1000	\$0.25 per \$100 of monthly mortgage amount

<u>Extension of Repair:</u>	<u>Rate</u>
	\$0.10 per \$100 of monthly mortgage amount

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## Supporting Document Schedules

<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	<b>Review Status:</b>	Accepted for Informational Purposes	08/13/2008
<b>Bypass Reason:</b>	Not applicable to this filing.			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b>	Accepted for Informational Purposes	08/13/2008
<b>Bypass Reason:</b>	Not applicable to this filing.			
<b>Comments:</b>				
<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Accepted for Informational Purposes	08/13/2008
<b>Comments:</b>				
<b>Attachment:</b>	Rate_Rule Schedule.PDF			

## PROPERTY & CASUALTY RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	ML AR02838ARR01
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	ML AR02838ARF01
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☐ Rate Increase
 ☐ Rate Decrease
 ☒ Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	Prior Approval
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)
American Reliable Insurance Company	0	0	0	0	444	0	0

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholder affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a.	Overall percentage rate indication(when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing – Written premium change for this program		
5d.	Effect of Rate Filing - Number of policyholders affected		

<b>6.</b>	Overall percentage of last rate revision	0
<b>7.</b>	Effective Date of last rate revision	07/01/2005
<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	AR-FP-AR- 0308	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	AR-FP-AR- 0308	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	